

**KENTUCKY TEACHERS' RETIREMENT SYSTEM
AUTHORIZATION FOR DIRECT DEPOSIT/QDRO**

SECTION I – To be completed by the Alternate Payee

<hr/> Name <hr/> <hr/>	<hr/> Social Security Number <hr/>
	<hr/> Telephone Number <hr/>
<hr/> Mailing Address <hr/>	

Type & Number of Depositor Account to be Credited

<hr/> Checking Account	<hr/> Savings Account	<hr/> Depositor Account Number
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I, _____, authorize KTRS to deposit the amount awarded pursuant to the Qualified Domestic Relations Order to Divide Kentucky Teachers' Retirement System Benefits entered by the _____ Circuit Court on _____, _____, 20__ to my account indicated at the financial institution designated in Section II.

Signature of Alternate Payee

SECTION II – To be completed by your Financial Institution

We, the below designated financial institution, hereby agree to receive and accept full responsibility for depositing monthly deposits to the account number shown for the above named recipient. We understand that in the event of the death of the above named recipient, we are to notify the Kentucky Teachers' Retirement System.

<hr/> Routing Number	<hr/> Check Digit	<hr/> Depositor Account Title
<hr/> Name & Address of Financial Institution		
<hr/> Telephone Number		

Type & Number of Depositor Account to be Credited

<hr/> Checking Account	<hr/> Savings Account	<hr/> Depositor Account Number for EFT
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<hr/> Name of Financial Institution Officer	<hr/> Date
<hr/> Title	<hr/> Signature of Financial Institution Officer

Kentucky Teachers' Retirement System, 479 Versailles Road, Frankfort, KY 40601. 800/618-1687.